



SIC LIFE COMPANY LTD. CT 3242, CANTONMENTS-ACCRA
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CLIENT IDENTIFICATION IN THE ABSENCE OF SCANNED PROPOSAL FORM

1. POLICY NUMBER:.....
2. FULL NAME:.....
3. DATE OF BIRTH:.....
4. CURRENT AGE:.....
5. PLACE OF BIRTH:.....
6. NAME OF ANY ONE BENEFICIARY:.....
7. ORIGINAL SIGNATURE:.....
8. COMMENT OF CONDUCTING OFFICER, (**NOTE: answers provided by client must match information in client's data base to be satisfactory or unsatisfactory**):.....
9. NAME OF OFFICER:.....
10. SIGNATURE OF OFFICER:.....
11. DATE:....., 10. PHOTO-COPY OF CLIENT'S I.D CARD.